



*Handwritten initials/signature*

Atty. Dkt. No. 086142-0603

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hiromichi YOSHIKAWA  
 Title: OCCUPANT PROTECTION SYSTEM  
 Appl. No.: 10/747,957  
 Filing Date: 12/31/2003  
 Examiner: George D. Spisich  
 Art Unit: 3616  
 Confirmation Number: 6957

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 16, 2007, finally rejecting Claims 1, 2, 6-14, and 16, and in response to the Examiner's Interview Summary dated June 28, 2007.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

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Not required (Fee paid in prior appeal)

The required fees are calculated below:

|                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                             | \$500.00 |
| <input type="checkbox"/>            | Extension month:                                 | \$0.00   |
| <input type="checkbox"/>            | Extension:                                       | \$0.00   |
|                                     | FEE TOTAL:                                       | \$500.00 |
| <input type="checkbox"/>            | Small Entity Fees Apply (subtract 1/2 of above): | \$0.00   |
|                                     | TOTAL FEE:                                       | \$500.00 |

A credit card payment form in the amount of \$500.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 16, 2007

By 

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